UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

AFFIDAVIT OF SERVICE

166733

Civil Action no : **22-CV-8300**
Date Filed: **09/30/2022**

Plaintiff(s):	**STEVEN GOLDSTEIN INDIVIDUALLY AND ON BEHALF OF CONGREGATION BNEI MATISYAHU, AND MEIR ORNSTEIN**
Defendant(s):	**KATHY HOCHUL, ET AL.**

STATE OF NEW YORK
COUNTY OF ALBANY   ss.:

Corey Doyle, the undersigned, being duly sworn, deposes and says that I was at the time of service over the age of eighteen and not a party to this action. I reside in the STATE OF NEW YORK.

On **10/04/2022** at **11:48 AM**, I served the within **SUMMONS IN A CIVIL ACTION, PROOF OF SERVICE, VERIFIED COMPLAINT JURY TRIAL DEMANDED AND VERIFICATION** on **KATHY HOCHUL, IN HER OFFICIAL CAPACITY AS GOVERNOR OF THE STATE OF NEW YORK** at **New York State Capitol Building, Albany, NY 12224** in the manner indicated below:

SUITABLE AGE: by delivering thereat a true copy of each to **EMMA MUIRHEAD, EXECUTIVE ASSISTANT**, a person of suitable age and discretion. Said premises is **Defendant(s)** usual place of business within the state.

On **10/05/2022**, deponent completed service by depositing a true copy of each properly sealed postpaid with first class postage and addressed to the recipient at above service address in an official depository under the exclusive care and custody of the U. S. Postal Service with no indication that legal documents were contained within. The envelope was marked personal and confidential.

A description of the Recipient, or other person served on behalf of the Recipient is as follows:

Sex	Color of skin/race	Color of hair	Age	Height	Weight
Female	**White**	**Blonde**	**36-43**	**5Ft3In-5Ft5In**	**110-120 lbs**
Other Features:					

I asked the person spoken to whether **Defendant(s)** was in the active military service or financially dependent upon any one who is in the military service of the United States or of the State of New York in any capacity whatever and received a negative reply. The source of my information and belief are the conversations above narrated. Upon information and belief I aver that the recipient is not in the military service of New York State or of the United States as that term is defined in either the State or in the Federal statutes.

Sworn to and subscribed before me on 10/06/2022

Notary Public

X _____
Corey Doyle
Lexitas
1235 Broadway, 2nd Floor
New York, NY 10001
212-233-4040
7378235
7378235

Benno & Associates P.C.

[ ] Victoria Nelson
Notary Public, State of NY
No. 01NE6376548
Qualified in Albany County
Commission expires 06/11/2026

[ ]McKayla Wilkinson
Notary Public, State of New York
No. 01WI6406416
Qualified in Schenectady County
Commission expires 3/30/24

[ ]Kerry Gunner
Notary Public, State of NY
No. 01GU5038710
Qualified in Albany County
Commission expires 02/06/2023

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)*   Kathy Hochul, In Her Offical Capacity as Governor of The State of
was received by me on *(date)*   10/03/2022   New York

☐ I personally served the summons on the individual at *(place)*

_____ on *(date)* _____ ; or

☒ I left the summons at the individual's residence or usual place of abode with *(name)*   Emma Murihead,

Executive Assistant_____ , a person of suitable age and discretion who resides there,

on *(date)* 10/04/2022_____ , and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____ , who is

designated by law to accept service of process on behalf of *(name of organization)* _____

_____ on *(date)* _____ ; or

☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify):*

My fees are $ _____ for travel and $ _____ for services, for a total of $ 0.00   .

I declare under penalty of perjury that this information is true.

Date: 10/06/2022_____   _____
                                                     Server's signature

                                                    Corey Doyle, Process Server
                                                    _____
                                                     Printed name and title

                                                    PO Box 9132 Albany NY 12209
                                                    _____
                                                     Server's address

Additional information regarding attempted service, etc:

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